California Medicine

Editor
DWIGHT L. WILBUR, M.D.

Assistant to the Editor
ROBERT F. EDWARDS

For information on preparation of manuscript, see advertising page 2

EDITORIAL

The Casey Bill

ASSEMBLY BILL 5, better known as the "Casey Bill," which became California law on 15 November 1965, has a great potential to provide improved medical care for California's needy, of all ages. Most of its medical provisions, including use of the prepayment mechanism, were proposed and supported by the California Medical Association. Opportunities for effective use of the law are excellent. Its concepts must now be translated into practice.

The vast new program will be administered by the California State Health and Welfare Agency, headed by Mr. Paul Ward. Mr. Ward has shown himself to be keenly aware of the problems involved in good medical practice, and to be sympathetic toward the physicians who provide it.

The law enables the state to take full advantage of the increased federal funds made available by Title XIX of Public Law 89-97. Under A.B. 5, the state can prepay medical care costs for more than 900,000 public assistance recipients and for an estimated 200,000 "medically indigent" persons (who, though they do not need other forms of public assistance, still cannot pay the essential costs of their own medical care).

California is the first state in the union to enact such far reaching legislation. It offers to California physicians an unusual opportunity to help in redesigning and improving a state welfare medical care program.

The law establishes a 16-member Health Review and Program Council, with appointments to be made by the Governor. Five members must come from the health professions, and CMA has already submitted its nominations. This Council will have broad advisory authority to see that the most efficient possible use is made of available health care facilities and personnel—a matter of crucial importance in our rapidly growing population—and to plan for a comprehensive program of medical care for all medically indigent persons by 1975. Mr. Ward has made it clear that this Council will not be window-dressing. He intends to seek and to follow its detailed advice on all the problems that are sure to arise.

The program will begin on 1 March 1966; its prepayment provisions will begin on 1 January 1967. A very important problem is to coordinate the benefits of this law with those of the new federal health insurance program under Title XVIII of P.L. 89-97, which go into effect 1 July 1966. Getting all the gears to mesh will take a very high order of administrative skill, and maximum understanding from physicians, hospitals and prepayment agencies.

The CMA has an intense interest in the important medical provisions included in the state law. For example, to the extent feasible, medical care will be financed under a prepayment concept, long advocated by the CMA, through contracts with carriers of prepaid medical care coverage. This will allow eligible persons to secure basic health care in the same manner employed by the public generally, without discrimination or segregation based purely on their economic disability. This concept has been widely discussed as putting these eligible persons back into the "mainstream" of medical care in California. It is confidently anticipated that the effect will be an increasing tendency to provide care for such persons in the private offices of physicians and in the beds of community—rather than charity—hospitals. The flex-